



Government Claims Program

Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board
Attn: Government Claims Program
P.O. Box 3035, Sacramento, CA 95812-3035

Or fax to: 916-491-6443

ORGANIZATION NAME		DATE
SHIPPING ADDRESS (PHYSICAL STREET ADDRESS)	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

GOVERNMENT CLAIMS PROGRAM INFORMATION	QUANTITY					
TITLE	1-5	25	50	100	300	500*
GOVERNMENT CLAIMS PROGRAM INFORMATION AND CLAIM FORM						
GOVERNMENT CLAIM FEE WAIVER REQUEST						
ERRONEOUSLY CONVICTED FELON (Penal Code § 4900) CLAIM FORM						
OTHER:						
OTHER:						
OTHER:						

*FOR REQUESTS OVER 500, PLEASE CALL 1 (800) 955-0045 or E-MAIL gcinfo@vcgcb.ca.gov

NO CHARGE FOR MATERIALS, SHIPPING OR HANDLING.

You may also visit our website at www.governmentclaims.ca.gov to download each of these publications.